



APPLICATION FOR SPECIAL PURPOSE SALVAGE PERMIT

State Form 51801 (R / 5-08)

DEPARTMENT OF NATURAL RESOURCES

Division of Fish and Wildlife
Attn: Permit Coordinator
402 W. Washington St., Rm. W273
Indianapolis, IN 46204-2781
Telephone: (317) 233-6527
Fax Number: (317) 232-8150

INSTRUCTIONS:

1. Please print or type information.
2. Attach additional sheets for explanation if necessary.
3. All sections must be complete before submitting.

Please check one: ☐ New Applicant ☐ Renewal (Annual Report Required)

Name of Applicant _____ Date _____
Last Name First Name Middle Initial

Date of Birth _____ Applicant's Driver's License Number _____

Street Address _____ Telephone Number (_____) _____

City _____ State _____ ZIP Code _____ County _____

E-Mail Address _____

Educational Institution/Organization Information

Name of Organization or Educational Institution _____

Applicant's Position with Institution/Organization _____

Describe the type of Organization or Institution _____

Business Address (if different from above) _____

Business Telephone Number (_____) _____

1. Please list the species that will be salvaged:

MAMMALS: ☐ Yes ☐ No If yes, please list species: _____

REPTILES: ☐ Yes ☐ No If yes, please list species: _____

AMPHIBIANS: ☐ Yes ☐ No If yes, please list species: _____

BIRDS*: ☐ Yes ☐ No If yes, please list species: _____

*For birds, please provide your federal permit number or name of person on whose permit you are listed as a subpermittee: _____

2. Please describe in detail the activity or purpose for salvaging specimens: _____

3. Please indicate the counties in Indiana where you will be salvaging specimens: _____

4. Please list the names and addresses of individuals (*if any*) who will be assisting you:

- 1) Name _____ Telephone Number _____
Address (*City, State, ZIP Code*) _____
- 2) Name _____ Telephone Number _____
Address (*City, State, ZIP Code*) _____
- 3) Name _____ Telephone Number _____
Address (*City, State, ZIP Code*) _____

5. Please identify the location (*name of organization/business and address*) where the specimens salvaged under this permit will be deposited:

Name: _____

Address: _____

NOTE: If additional space is needed, list information on another sheet.

AGREEMENT

Under the penalties of perjury (IC 35-44-2-1), I certify that the information supplied by me is true and correct to the best of my knowledge.

Signature of Applicant _____ **Date** _____

FOR OFFICE USE ONLY

Approved by _____ Date _____

Comments _____